



INDIAN ALCOHOL AND SUBSTANCE ABUSE INTER-DEPARTMENTAL COORDINATING COMMITTEE (IASA)

Prevention & Recovery Newsletter



Director's Corner: Implementation of Evidence-Based Programs Within Tribal Communities and Tribal Benefits of Federal Grants

Mental and substance use disorders are a serious public health problem. According to the 2014 National Survey on Drug Use and Health (NSDUH) 43.6 million adults ages 18 and older experienced some form of mental illness in the past year, or about 18.1% of the adult population. The 2014 NSDUH data also showed that of those adults with any mental illness, 18.2% had a substance use disorder.

Comparatively, 6.3% of adults with no mental illness had a substance use disorder in the past year. Mental and substance use disorders often occur together and result in significant morbidity and mortality. Mental disorders encompass a range of conditions, including anxiety, trauma, and depression, as well as eating, personality, and psychotic disorders. Substance use disorders encompass recurrent use of alcohol and illicit drugs that cause significant impairment.

The evidence base on the effectiveness of interventions to treat mental and substance use disorders is sizable. The National Registry of Evidence-based Programs and Practices



Dr. Marcella "Marcy" Ronyak
Director, Office of Indian Alcohol and Substance Abuse

(NREPP) is an evidence-based repository and review system designed to provide the public with reliable information on behavioral health programs and practices. All interventions in the registry have met NREPP's minimum requirements for review. The programs' effects on individual outcomes have been independently assessed and rated by certified NREPP reviewers.

The purpose of NREPP is to help people learn more about available evidence-based programs and practices and determine which of these may best meet their behavioral health needs. NREPP is one way the Substance Abuse and Mental Health Services Administration (SAMHSA) is working to improve access to information on evaluated interventions and reduce the lag time between creation of scientific knowledge and its practical application in the field. New program profiles are continually being added, so the registry is always growing.

SAMHSA believes that tribes know best how to address mental and substance use problems faced by their unique communities. Tribal leaders and providers have expressed the need for development and implementation of culturally specific practices, including cultural traditions and other factors, within tribal communities to address mental and substance use problems. Many of SAMHSA's tribal grantees have implemented evidence-based programs (EBPs) and practices as a part of their prevention efforts within unique tribal communities. Tribes have implemented programs to prevent and reduce suicidal behavior and substance use and promote the mental health of tribal members. Tribes and tribal organizations have implemented youth suicide prevention and early intervention strategies to enhance protective factors among tribal communities. Tribal communities, colleges, and universities have implemented comprehensive approaches to prevent suicide in institutions of higher education and increase the capacity and effectiveness of mental health systems serving tribal populations. Tribes and tribal organizations have developed comprehensive, residential substance abuse treatment programs; prevention programs; and, recovery support services.

SAMHSA's Center for Substance Abuse Prevention (CSAP) supported the development and use of tribally-focused substance use prevention programs, practices, and policies. The Tribal Grantees' Substance Abuse Prevention Strategies: Strategic Prevention Framework State Incentive Grant (SPF SIG) report lists interventions implemented by SPF SIG tribal grantees. The report includes identification of interventions that are common but overall have little or no external empirical evidence base but may have practice-based evidence (PBE). The report focuses on prevention strategies, including those that are EBPs, have preliminary empirical support, and show PBE and promise for future support. Identified strategies also include those that are culturally grounded and promote a sense of cultural belonging that can be integrated into prevention strategies that have limited empirical support.

SAMHSA's discretionary grant programs support efforts by tribes and tribal organizations to improve the health and well-being of tribal communities. Each grant program has its own application deadline and information is available at <http://www.samhsa.gov/grants>. The following are SAMHSA's grant offerings that may be of particular interest to tribes:

- Campus Suicide Prevention Grant
- Circles of Care
- Tribal Behavioral Health Grant Program (Native Connections)

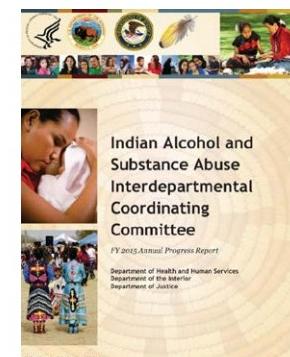
- Drug-Free Communities Support Program
- Minority AIDS Continuum of Care
- Pregnant and Postpartum Women
- Project LAUNCH
- SAMHSA Treatment Drug Courts
- Garrett Lee Smith State/Tribal Youth Suicide Prevention Cooperative Agreements
- Strategic Prevention Framework Partnerships for Success
- System of Care Expansion Planning Grants

In this issue of the Prevention & Recovery newsletter there is information about the dedicated work of tribal grantees that focus on addressing mental and substance use disorders in their communities. There are articles that address training and technical assistance for tribes and tribal organizations and that support development of Tribal Action Plans. A summary of the 2015 Indian Alcohol and Substance Abuse Annual Progress Report and revised draft of the 2016 Model Indian Juvenile Code is provided. Finally, there is an article about the National Indian Health Board's efforts to support Native youth to speak about children's mental health in Indian Country.

Read the 2015 Indian Alcohol and Substance Abuse Annual Progress Report!

Read the 2015 Indian Alcohol and Substance Abuse Annual Progress Report! The IASA Interdepartmental Coordinating Committee's 2015 Annual Progress Report that addresses requirements in the Tribal Law and Order Act (TLOA) is available on the [SAMHSA TLOA Webpage](#). Learn about the coordinating committee's accomplishments and initiatives and share them with your tribal stakeholders.

For more information, contact Marcy Ronyak at Marcella.Ronyak@samhsa.hhs.gov.



NIHB Sponsors Native Youth to Provide Remarks on Children's Mental Health in Indian Country

On Tuesday, March 8, 2016, the National Indian Health Board (NIHB) was pleased to sponsor the participation of Wiyaka Little Spotted Horse in a Congressional Briefing on Native Children's Mental Health. The briefing was hosted by the American Academy of Pediatrics and co-hosted by NIHB, the American Academy of Child and Adolescent Psychiatry; the Center for Native American Youth; and the School-Based Health Alliance.

The briefing included an overview of the mental health challenges American Indian and Alaska Native (AI/AN) children face and a discussion of what policies and programs work in addressing their mental health needs. The briefing featured the perspectives of Native youth, the experiences of health care providers serving AI/AN children, and a discussion of the role schools play in serving children's mental health needs. Click here for more



Wiyaka Little Spotted Horse met with Senator John Thune (R-SD)

information on the [briefing](#).



Wiyaka Little Spotted Horse (far left) stands with other presenters at a Congressional Briefing on Children's Mental Health on March 8, 2016.

Wiyaka is now committed to advocating on behalf of other Native youth who are facing similar challenges. She made the following recommendations to those present at the briefing:

1. Secure funding for additional youth advocates in the court system. "We need people there to speak for us, and help the youth navigate this scary and complicated process," she said.
2. Congress should provide sustained funding for cultural camps for both boys and girls. The camp that Wiyaka went to was funded through community donations and, therefore, may not be sustainable.
3. Congress should provide funding for safe houses for youth in Tribal communities so they have somewhere to go in times of behavioral health crises or family issues at home.
4. Congress should also provide funding for wellness centers for people to learn coping skills, family therapy services, and other programs. "This could get families talking about their issues right away before it gets bad," she explained.

NIHB first met Wiyaka when she came to NIHB's 2015 Native Youth Health Summit. While at the summit, Wiyaka put together a digital story about her experience. You can view that story below .



Ms. Wiyaka Little Spotted Horse recently won a \$500 Summer of Creativity Grant through the Youth Service American organization. Wiyaka is passionate about art and poetry as a means of healing and self-expression and will be using the grant money to host a series of events in her Tribal community where youth can creatively express themselves through art, poetry and digital storytelling. Wiyaka is an active youth advisory board member for the Lakota Children's Enrichment (LCE). LCE will mentor Wiyaka through the project and assist her in inviting health professionals and other Native youth leaders to join in raising awareness of behavioral health issues experienced by Native youth.

Funding Opportunities

Historic Investment: \$17.4 Million in Grants Available to Help Native Youth - Support Aimed at Helping Native Students Become College-, Career-Ready

The U.S. Department of Education announced it is more than tripling-from \$5.3 million to \$17.4 million-the availability of funding for grants to help Native American youth become college- and career-ready.



The extra support is being provided for [Native Youth Community Projects \(NYCP\)](#) as an ongoing step toward implementing President Obama's commitment to improving the lives of American Indian and Alaskan Native children. The grants will support the President's [Generation Indigenous "Gen I"](#) Initiative to help Native American youth.

In a [Federal Register notice](#), the Department said it expects to make approximately 19 demonstration awards ranging from \$500,000 to \$1 million to tribal communities before September 30, 2016. The President's recent fiscal year 2017 budget proposal calls for increased investments across Indian Country .

The plan would:

- Significantly expand the overall funding for NYCP to \$53 million.
- Provide \$350 million for Preschool Development Grants-an increase of \$100 million over fiscal year 2016-to help develop and expand high-quality preschool programs in targeted communities, including planning grants to tribal governments.
- Help nearly 470,000 Native students with increased support for Title I programs serving low-income schools with funding necessary to provide high-need students

access to an excellent education. The proposal seeks \$15.4 billion-a \$450 million increase-for all Title I efforts.

For more information, visit the [Department of Education Website](#).

Forecasted Funding Opportunity: Native Youth Initiative for Leadership, Empowerment, and Development

Department of Health and Human Services, Administration for Children and Families, Administration for Native Americans

Estimated Post Date: March 14, 2016

Estimated Application Deadline: June 13, 2016



The [Native Youth Initiative for Leadership, Empowerment, and Development \(I-LEAD\) program](#) will emphasize a comprehensive, culturally-appropriate approach to working with Native youth. I-LEAD will specifically focus on the implementation of community programs that promote youth resiliency, connection to Native culture, and leadership skills. The project will actively involve Native youth in the planning and implementation phases of activities.

Call for Proposals: Bureau of Indian Education 21st Century Community Learning Centers Program

The [21st Century Community Learning Centers \(21st CCLC\) Program](#) was established by Congress as Title IV, Part B, of Public Law 107-110, "The No Child Left Behind Act of 2001." Through this program, the Bureau of Indian Education (BIE) funded schools and dormitories receive grants that enable them - with the assistance of community partners - to plan, implement, or expand projects that benefit the educational, health, social, cultural and recreational needs of the students and community.



Students from the Quileute Tribal School at Olympic National Park in Washington participating in BIE's 21st CCLC Program.

School-based and dormitory-based BIE 21st CCLCs around the country are providing safe, drug-free, supervised and cost-effective after school, weekend or summer havens for students and their families. These programs provide academic enrichment activities such as homework centers and tutoring, as well as a broad array of cultural, developmental, and recreational opportunities. In addition, lifelong learning activities and literacy education programs are available for adult family members in the local school setting.

21st CCLCs provide students - those that are low-achieving and poor-performing, as well as those with high rates of juvenile crime, school violence, and substance abuse - with the resources needed to address the academic, developmental and social emotional issues that affect their school performance.

Local Education Agencies; BIE elementary, middle, secondary schools or dormitories; that

are eligible for and receives Indian Student Equalization Program funding from BIE, may apply for 21st CCLC grants. These programs are created and implemented in collaboration and partnership with the Associate Deputy Director, local tribal governmental agencies, businesses, vocational education programs, institutions of higher education, community colleges, and cultural, recreational, and other community and human service entities.

The deadline to submit proposals is **Tuesday, May 31, 2016**. To download the application packet visit the [BIE Website](#).

Interior, Justice and HHS Departments Announce Revised Draft on the 2016 Model Indian Juvenile Code

Furthering President Obama's efforts to support American Indian and Alaska Native families and protect tribal communities, Acting Assistant Secretary - Indian Affairs Lawrence S. Roberts; U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention (OJJDP) Administrator Robert L. Listenbee; and U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA) Acting Administrator Kana Enomoto [announced](#) a draft revised BIA Model Indian Juvenile Code.

The Model Juvenile Code is one of twelve responsibilities within the Indian Alcohol and Substance Abuse Memorandum of Agreement. The Departments are seeking public comment on the draft, which will be the subject of listening and consultation sessions scheduled for March and April of 2016.

Click [here](#) to view the 2016 Model Indian Juvenile Code Revised Draft.

SAMHSA Tribal Training and Technical Assistance Center



The [Tribal Training and Technical Assistance \(TTA\) Center](#), funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), uses a culturally relevant, evidence-based, holistic approach

to support Native communities in their self-determination efforts through infrastructure development and capacity building, as well as program planning and implementation. The TTA Center provides TTA on mental and substance use disorders, suicide prevention, and the promotion of mental health, offering broad, focused, and intensive TTA to federally recognized tribes, other American Indian and Alaska Native (AI/AN) communities, SAMHSA tribal grantees, and organizations serving Indian Country.

SAMHSA's TTA Center serves: Rural and urban tribal nations and organizations; SAMHSA tribal grantees; a select group of communities for intensive TTA; TTA contractors who serve tribal grantees and tribal members, and governmental and non-governmental entities.

The SAMHSA Tribal TTA Center is based on a number of principals, including:

Vision

Behavioral health and wellness for tribal communities begins with acknowledging the

effects of historical trauma, honoring cultural values, and developing a vision of success.

Circles of Relationships

The quality and authenticity of relationships provides the critical pathway for this work to be effective and sustainable. These circles of relationships must emerge from the community and be based on the successful integration of memberships and responsibilities.

Sense of Hope

Tribal communities believe spirituality is at the core of their survival. A sense of hope includes interconnectedness (circles of relationships), sacredness of inner spirit (cultural resilience), balance (awareness), and responsibility to be lifelong learners (growth).
(PrettyPaint, I. (2008) Miracle survivors: A grounded theory on educational persistence for tribal college students. Minneapolis, MN: University of Minnesota).

How the Training and Technical Assistance (TTA) Delivers Training:

- * National and regional trainings
- * Gathering of Native Americans/Gathering of Alaska Natives
- * Learning communities
- * Assistance with Tribal Action Plans
- * Intensive community engagement
- * Onsite and virtual technical assistance
- * Production and dissemination of resources

Collaborative Partnerships

The Tribal TTA Center partners with other TTA providers and federal agencies servicing AI/AN tribes and communities to maximize resources and efforts in Indian Country that promote mental health and support the prevention of suicide and substance abuse. Some of these partners are:

- * Collaborative for the Application of Prevention Technologies (CAPT)
- * Fetal Alcohol Spectrum Disorders Center for Excellence
- * Office of Indian Alcohol and Substance Abuse (OIASA)
- * SAMHSA Regional Administrators
- * Suicide Prevention Resource Center (SPRC)

SAMHSA's TTA Center will continue to support Native communities by providing TTA to federally recognized tribes, other AI/AN communities, SAMHSA tribal grantees, and organizations serving Indian Country. It will also work collaboratively with governmental and non-governmental entities to leverage resources and address a variety of issues affecting tribal communities, families, and youth. In addition, the TTA Center will work with SAMHSA tribal grantees and other TTA contracts that serve tribal grantees and tribal members.

In order to request TTA, Tribal communities and SAMHSA tribal grantees can contact the Tribal TTA Center to submit TTA inquiries through the [Tribal TTA Center Webpage](#) or by contacting the SAMHSA Tribal Training and Technical Assistance Center directly at:

Phone: 301-257-2967
218 North Lee Street, Suite 321
Alexandria, VA 22314

Email: TA-Request@tribaltechllc.com

Circles of Care Grant Program

The [Circles of Care \(COC\) program](#) is a discretionary infrastructure grant administered through SAMHSA's Center for Mental Health Services (CMHS). The grants are awarded to American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian programs and Tribal colleges. The program has been funded in consecutive three-year cohorts since 1998. The COC program began as a result of years of planning and consultation in the mid-1990's. Tribal leaders, AI/AN mental health professionals, advocates and federal leaders from IHS, BIA, DOJ and SAMHSA developed the idea of the first "demonstration projects" that would be cohort I.

Circles of Care is SAMHSA's longest running grant program that is specifically focused on AI/AN communities with no competition from states, counties, or cities and has been a model for other CMHS grant programs serving AI/AN communities. The primary goals of the COC program are: Planning for the development of a community-based system of care model for children with mental health challenges and their families; and Developing local capacity and infrastructure to assist tribal communities to obtain funding and resources to implement their model system of care.

The Circles of Care grant program draws on the system of care philosophy and principles that are implemented in the SAMHSA Cooperative Agreements for the Comprehensive Community Mental Health Services for Children and Their Families Program. A system of care is defined as a coordinated network of community-based services and supports that are organized to meet the challenges of children and youth with mental health needs and their families. In the system of care approach, families and youth work in partnership with public and private organizations to design mental health services and supports that are effective, that build on the strengths of individuals and that address each person's cultural and linguistic needs. A system of care helps children, youth, and families function better at home, in school, in the community, and throughout life. Community leaders and constituency groups work in partnership with child serving agency directors and staff members to formulate methods to improve relationships between provider groups, address service capacity issues, and increase cultural competence in the overall system.

The Circles of Care program is also intended to address the impact of historical trauma on the well-being of AI/AN communities through community and culturally-based activities. The multiple traumas encountered by AI/AN people have contributed to the uprooting of traditional tribal cultural practices and a dismantling of the AI/AN family structure. In combination, these "historically traumatic events" resulted in a significant loss of culture, language, and traditional ways of life.

The next opportunity for a new COC cohort to begin would be September 2017. However, any future funding for cohort VII is dependent on the availability of funds and budget/administrative approval. Interested parties should check www.samhsa.gov/grants for funding announcements between December 2016 and May 2017.

Native Connections Grant Program

According to the Centers for Disease Control and Prevention (CDC):



- At 16.93, the suicide rate for American Indians/Alaska Natives of all ages was much higher than the overall U.S. rate of 12.08.
- Suicide was the eighth leading cause of death for American Indians/Alaska Natives of all ages and the second leading cause of death among youth ages 10-24.
- The AI/AN rate decreases significantly after early adulthood in contrast to the rate in the overall U.S. population, which increases with age.

In the years 2003-2006, Alaska Natives had a suicide rate of 51.4, compared to 16.9 in the non-Native Alaska population. However, there was considerable variation in the suicide rates of Natives among the different regions of the state and the different Native ethnic groups, with the Inupiat Eskimos having the highest rates, and the Aleuts having a rate lower than the rest of Alaska.

Across all populations, some of the most significant protective factors are:

- Effective mental health care
- Connectedness to individuals, family, community, and social institutions
- Problem-solving skills
- Contacts with caregivers

In response to these disheartening statistics, SAMHSA developed the Tribal Behavioral Health (Short Title: Native Connections) grants. The purpose of Native Connections is to prevent and reduce suicidal behavior and substance abuse and promote mental health among American Indian/Alaska Native young people up to and including age 24. Native Connections grants aim to help grantees reduce the impact of substance abuse, mental illness, and trauma on AI/AN communities through a public health approach. In addition, this grant allows AI/AN communities to support youth and young adults as they transition into adulthood by facilitating collaboration among agencies.

Although each grantee's program is different and reflect the needs, values, and culture of their community ("community" means tribe, village, tribal organization, or consortium of tribes or tribal organizations), all programs will have some common elements. Grantees must:

- Involve AI/AN community members in all grant activities, including planning and carrying out the plan. Community members must include-but need not be limited to-young people up to and including age 24, their families, tribal leaders, elders, and spiritual advisors.
- Assess community needs and strengths related to preventing and reducing suicides and substance abuse among tribal young people.
- Assess needs, identify gaps, and develop a plan that the tribe will pilot in subsequent years of the grant.
- Identify and connect the mental health and substance use organizations that

- exist in their community; identify the gaps; develop and pilot a plan to fill the gaps.
- Lead efforts to improve coordination among mental health, suicide prevention, and substance abuse prevention services for tribal young people and their families.
 - Use strategies that have been shown to be effective or promising in Native communities, with the option of also using innovative activities that relate to the goal of reducing or preventing suicidal behaviors and substance abuse, and promoting mental health.
 - Work with SAMHSA's Tribal Training and Technical Assistance Center, which will help grantees meet the goals of the grant and provide opportunities to learn with and from other tribes in this grant program.
 - Work with SAMHSA's evaluation contractor to develop the infrastructure to collect surveillance data on suicide attempts, suicide deaths, underage drinking, etc.

For more information on Native Connections, please see [SAMHSA's website](#):

Garrett Lee Smith State/Tribal Youth Suicide Prevention and Early Intervention Grant Program

SAMHSA's largest suicide prevention grant program is the [Garrett Lee Smith State/Tribal Youth Suicide Prevention and Early Intervention Grant Program](#), which is focused on reducing suicide and suicide attempts among youth ages 10 to 24. Since 2005, SAMHSA has awarded 180 of these grants: all 50 states, Guam, Washington, D.C., and 47 tribes have received at least one such grant.

The focus of this program is on implementation of statewide or tribal youth suicide prevention and early intervention strategies. Grants support public/private collaboration among youth-serving institutions, schools, juvenile justice systems, foster care systems, substance abuse and mental health programs, and other child and youth supporting organizations.

This program supports states and tribes (including Alaska Villages and urban Indian organizations) in developing and implementing statewide or tribal youth suicide prevention and early intervention strategies, grounded in public/private collaboration. Such efforts involve public/private collaboration among youth-serving institutions and agencies and include schools, educational institutions, juvenile justice systems, foster care systems, substance abuse and mental health programs, and other child- and youth-supporting organizations. A cross-site evaluation is conducted under a contract in the Division of Prevention, Traumatic Stress, and Special Programs.

Beginning with the FY2014 awards, SAMHSA expanded new GLS State/Tribal cooperative agreements from 3 to 5 years and from annual awards capped at \$480,000 to a new level of \$736,000. With increased time and funding came the expectation that awardees (1) be committed to making suicide prevention a core priority in statewide or tribal youth- and young adult- serving systems, and (2) pair their initiatives with at least one intensive community-based effort. Efforts now

include linkage with behavioral health care programs/systems committed to making suicide prevention a core priority through implementation of Goals 8 and 9 of the 2012 National Strategy for Suicide Prevention.

For additional information on SAMHSA's Garrett Lee Program, please click on the [Garrett Lee Smith State/Tribal Suicide Prevention Program Webpage \(link is external\)](#).

SAMHSA Tribal TTA Center Tribal Action Plan Efforts

The [SAMHSA Tribal Training and Technical Assistance \(TTA\) Center's](#) Tribal Action Plan (TAP) efforts in this year include providing information and resources, one-on-one virtual TA, collaborative webinars, conference workshops, and multi-day trainings.



Tribal TTA Center staff also collaborated with other TA centers to present on tribal-specific prevention efforts, share tribal-specific resources, and disseminate Tribal Law and Order Act (TLOA) and TAP resources. In addition, the Center implemented a virtual TAP TA model to support momentum in finalizing community developed TAPs. For example, following an onsite TAP TA with the Lac du Flambeau Band of Lake Superior Chippewa Indians, the community attended four weekly webinar sessions in which the tribe's draft TAP was uploaded to a webinar platform, the community was engaged in prevention planning discussions, and live time revisions were made as prevention priorities were identified.

Currently, the Center team is supporting the development of a TAP track to be integrated into the Indian Health Service (IHS) Bemidji Area Behavioral Health Wellness Conference, March 8 to 10, 2016. Preparation efforts include weekly planning calls, draft training materials, an online registration portal, and workshop topics. The IHS conference will provide opportunities to share TLOA information, discuss TAP, highlight the Lac du Flambeau TAP process, and share federal resources and TA support for TAP development.

In collaboration with the Indian Alcohol and Substance Abuse interagency workgroup, a TAP training is also scheduled for April 12 to 14, 2016, in Oklahoma City, OK. The Tribal TTA Center is currently working with staff in Oklahoma City on bi-weekly planning calls, draft training materials, outreach and invitation materials, and the online registration portal. The training will be held at an IHS training facility.

Moving forward, the Center staff will be developing an additional TAP-focused webinar after the TAP trainings scheduled for the spring of 2016, likely taking place in July or August. The Center will continue to follow the Lac du Flambeau virtual TAP TA model for future TAP events to assist in maintaining momentum as tribes finalize their TAPs. The team also plans to continue integrating TLOA and TAP information into tribal conferences and federal collaborative webinars, and continue providing TA support with tribes as opportunities arise.

Contributing Agencies



**Substance Abuse and Mental Health Services Administration
Office of Indian Alcohol and Substance Abuse
Center for Substance Abuse Prevention
240-276-2400
IASA@samhsa.hhs.gov**